

**LIE REVIEW FORM
(CHECKLIST)**

Application SN 09/163588

LIE name Dexter

Complete review by (date): _____

No deficiencies found for this application

B

H

No evidence of appeal conference

Filing Date of Brief 1-23-02

Filing Date of Reply Brief(s) 5-13-02

Filing Date of Request for Oral Hearing _____

Uncollected Fees for _____ Paper No. _____

Translations missing:

Only abstract provided:

Missing references:

Incomplete references:

Missing papers (paper name and date)

OTHER